

**PROCEDURES  
FOR  
OPENING A BUSINESS LOCATION  
in  
THE CITY OF RIVERDALE**

- STEP 1. ZONING COMPLIANCE** - *It is important that you verify zoning compliance prior to leasing space for your business.* It is the responsibility of the business owner to review the zoning restrictions with the City's Zoning Department and to obtain a Zoning Compliance Letter. A zoning compliance letter is issued to insure that the proposed business will be located in areas designated for that particular business or use. A zoning compliance letter cannot be issued for a use that does not comply with the zoning regulations. (A copy of an application for Zoning Compliance Letter is attached to this package and will be forwarded to Public Works for processing if you have not already done so.) Once zoning compliance has been verified, a Zoning Compliance Letter will be forwarded to City Hall, to be issued at the time of the new business license. All fees must be paid before Zoning Compliance letter is issued.  
Zoning is administered by the Public Works Department located at, 971 Wilson Road, Riverdale. Ph. (770) 996-3397
- STEP 2 BUILDING CODES & FIRE CODES COMPLIANCE**- It is the responsibility of the business owner or applicant to permit any changes to the building or grounds necessary to accommodate the new business. Plans should be submitted to the Public Works Department and to the Fire Marshal for review and approval. If no alterations are required, a fire safety inspection of the existing building should be scheduled. A copy of the request for Fire Inspection is attached and will be forwarded to the Fire Marshal. (You may contact the Fire Marshal to schedule inspection five (5) days after submittal at 770 996-1912.) After inspection the Fire Marshal will issue a new Certificate of Occupancy on the existing structure in the name of the new business. The Certificate of Occupancy is issued to the business owner/ applicant at the time the new Business License is issued at City Hall. All fees must be paid before Certificate of Occupancy is issued.
- STEP 3 SECURE THE OCCUPATION TAX PERMIT**- Complete the necessary Occupation Tax forms and present your copy of the Zoning Compliance Letter and the building Certificate of Occupancy (C.O.). (Copies of State Health Department Certificates or other State Licenses are required for some types of businesses)
- STEP 4 SIGN REGULATIONS COMPLIANCE**- It is required that all outdoor advertising signs be permitted *prior* to installation. Plans are required showing the dimensions of the proposed signs and the locations. Copies of the application for sign permit and City's sign regulations can be obtained at the Public Works Department. Sign permits will not be issued until the Zoning Compliance Letter and Business License is issued.

# NOTICE



## **Contractors & Business owners**

**As of August 1, 2001, the Fire Marshall's copy of Building/Remodeling plans for review of business location, should be submitted directly to the Fire Marshall. The Fire Marshall's office is located at 782 Orme Street, Riverdale.**

**The Public Works Department will continue to accept all other copies for review.**

**If you have any questions please contact Bonnie Brown, Hester Horton, or Mary Johnson at 770-996-3397**

**CITY OF RIVERDALE****OCCUPATION TAX FORM**

6690 Church Street  
 Riverdale, Georgia 30274  
 Ph. (770) 997-8989

Type of Application: New \_\_\_\_ Renewal \_\_\_\_ Amended \_\_\_\_ Professional \_\_\_\_  
 Application for: Commercial Location \_\_\_\_ Home Occupation \_\_\_\_ Outside Service/Contractor \_\_\_\_

\***COMPLETE ALL** information requested on application form.

\***APPLICATION FEE MUST** accompany application form when returned. (\$25.00 non-refundable fee)

\***PICTURE IDENTIFICATION** will be required.

Please print or type

Date of Application: \_\_\_\_\_

Business/Corporation Name: \_\_\_\_\_

DBA : \_\_\_\_\_

Date Established: \_\_\_\_\_ Ga. Tax I.D. Number: \_\_\_\_\_

Proposed Location: \_\_\_\_\_ Suite No: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Corporate Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different from location address)

Name of Owner(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\*Nature of Business: (Describe in detail all the products, services or trades to be conducted at the above location.) \_\_\_\_\_

(Dominant Line): \_\_\_\_\_

\* Attach additional sheets if necessary

Please fill out all the information in the spaces below.

**This information is needed to compute Occupational Tax.**

**Gross Receipts for 12 months:** \_\_\_\_\_  
 (actual for previous 12 months)

**Number of Employees:** \_\_\_\_\_  
 (statistical information)

**Office Use Only**

(SIC)  
 Regulatory Fee: \_\_\_\_\_

(CLASS) \_\_\_\_\_

(TAX RATE) \_\_\_\_\_

**Total Due:** \_\_\_\_\_

\* Note: The Revenue Collection Division will calculate the fee and you will be billed accordingly.

I, \_\_\_\_\_, do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is used herein to procure the granting of said permit.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS INFORMATION IS CONFIDENTIAL AND NOT AVAILABLE FOR PUBLIC RECORDS**

**CITY OF RIVERDALE**

6690 Church Street  
Riverdale, Georgia 30274  
Ph. (770) 997-8989

**OCCUPATION TAX FORM**

Page 2

No Financial Data to appear on this sheet.

Please print or type

Date of Application: \_\_\_\_\_

Business/Corporation Name: \_\_\_\_\_

DBA : \_\_\_\_\_

Date Established: \_\_\_\_\_ Ga. Tax I.D. Number: \_\_\_\_\_

Proposed Location: \_\_\_\_\_ Suite No: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Corporate Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different from location address)

Name of Owner(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\*Nature of Business: (Describe in detail all the products, services or trades to be conducted at the above location.) \_\_\_\_\_

(Dominant Line): \_\_\_\_\_

\* Attach additional sheets if necessary

Date Occupation Permit Issued \_\_\_\_\_

Permit Number \_\_\_\_\_

Fee \_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is used herein to procure the granting of said permit.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# APPLICATION for ZONING COMPLIANCE LETTER

Please complete all the following information truthfully, to the best of your knowledge. In addition to the on-site inspection of the premises, the City will rely upon the answers given in this application. If it appears that, after the permit has been issued and business begun, the answers were untruthful, city code provides for fines and revocation of the permit.

Please print or type

Date of Application: \_\_\_\_\_

Business/Corporation Name: \_\_\_\_\_

DBA : \_\_\_\_\_

Date Established: \_\_\_\_\_ Ga. Tax I.D. Number: \_\_\_\_\_

Proposed Location: \_\_\_\_\_ Suite No: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Corporate Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different from location address)

Name of Owner(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\*Nature of Business: (Describe in detail all the products, services or trades to be conducted at the above location.) \_\_\_\_\_

(Dominant Line): \_\_\_\_\_

\* Attach additional sheets if necessary

## FOR ZONING DEPARTMENT USE ONLY:

Parcel Tax I.D. Number \_\_\_\_\_ Zoning Classification \_\_\_\_\_ S.I.C. Number \_\_\_\_\_

Is the use listed above a permitted use? Yes \_\_\_\_\_ No \_\_\_\_\_

List any special conditions connected with the proposed use: \_\_\_\_\_

Checked by \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is used herein to procure the granting of said permit.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# INSPECTION REQUEST

for a

## CERTIFICATE OF OCCUPANCY

Please complete all the following information truthfully, to the best of your knowledge. In addition to the on-site inspection of the premises, the City will rely upon the answers given in this application. If it appears that, after the permit has been issued and business begun, the answers were untruthful, city code provides for fines and revocation of the Certificate of Occupancy.

Please print or type

Date of Application: \_\_\_\_\_

Business/Corporation Name: \_\_\_\_\_

DBA : \_\_\_\_\_

Date Established: \_\_\_\_\_ Ga. Tax I.D. Number: \_\_\_\_\_

Proposed Location: \_\_\_\_\_ Suite No: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Corporate Phone \_\_\_\_\_

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(If different from location address)

Name of Owner(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

\*Nature of Business: (Describe in detail all the products, services or trades to be conducted at the above location.) \_\_\_\_\_

(Dominant Line): \_\_\_\_\_

\* Attach additional sheets if necessary

I, \_\_\_\_\_, do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is used herein to procure the granting of said permit.

Signature \_\_\_\_\_

Date \_\_\_\_\_